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CONFIRMATION NO. 6308

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10/528,783	04/21/2005 RULE	604	1641	05/063

APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/DE03/03186 09/24/2003

** FOREIGN APPLICATIONS *****

GERMANY 102 45 508.2 09/27/2002

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged // Examiner's Signature			<input type="checkbox"/> Met after Allowance Initials	GERMANY	0	6	1

ADDRESS

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TITLE

Medicament/dosimeter combination packaging

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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